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| Substitute for form 1449/PT<br>INFORMATION DISCLOSURE<br>STATEMENT BY APPLICANT<br>Date Submitted: May 20, 2008<br>(use as many sheets as necessary) |   |    |   | Application Number<br>Filing Date<br>First Named Inventor<br>Art Unit<br>Examiner Name<br>Attorney Docket Number |  | Complete if Known<br>10/035,324<br>01/04/2002<br>H. William Bosch<br>1616<br>Mina Haghighatian<br>029318-0107 |  |
| Sheet  | 1 | of | 1 |  |  |   |  |

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| Examiner Initials* | Cite No.† | Foreign Patent Document                   | Publication Date | Name of Patentee or Applicant of Cited Documents                                    | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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|                    |           | Country Code*Number*Kind Code* (if known) | MM-DD-YYYY       |   |   |
| /MH/               | D1        | WO 97/38699                               | 10/23/1997       | Charlotte-Mecklenburg Hospital Authority doing business as Carolinas Medical Center |   |
| /MH/               | D2        | WO 00/27363                               | 10/18/2000       | Nanosystems   |   |

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